

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709228

FILED
Mar 19, 2009
Secretary of State

Entity Name: RIVER GARDEN, INC., A CONDOMINIUM

Current Principal Place of Business:

RIVER GARDEN INC.
3225 E. RIVERSIDE DR.
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P.O. BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-1310303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHAD VAN TILBURG

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NESTER, SUZANNE
Address: PO BOX 2846
City-St-Zip: FORT MYERS, FL 33902

Title: VD () Delete
Name: HOOD, JOHN
Address: P.O. BOX 1022
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: STEELE, MARY
Address: 27 JUNIPER ROAD
City-St-Zip: BROOMFIELD, CT 06002

Title: PD () Delete
Name: JORDAN, ALIS
Address: 3225 E RIVERSIDE DR., #34C
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: KAZAK, EDWARD
Address: 7800 BAY LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOOD, JOHN
Address: P.O. BOX 1022
City-St-Zip: BELLE GLADE, FL 33430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FRANCIS, REBECCA
Address: 3225 E RIVERSIDE DR. # 24B
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIS JORDAN

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date